

ARIZONA DEPARTMENT OF HEALTH SERVICES  
OFFICE OF CHILD CARE LICENSING  
**MODIFICATION REQUEST TO AMEND LICENSE**

Name of Facility \_\_\_\_\_ CDC # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Facility Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

Facility Phone \_\_\_\_\_ Facility FAX \_\_\_\_\_

**ONLY** THE FOLLOWING MODIFICATIONS MAY BE MADE WITHOUT AN ARCHITECTURAL REVIEW  
(A review will be done by a Licensing Surveyor and may require a change of capacity.)

**✓ MARK NEXT TO THE MODIFICATION REQUESTED**

\_\_\_\_\_ ADDING A SINK IN THE ROOM FOR ART CLEAN UP OR FOR A DRINKING FOUNTAIN

\_\_\_\_\_ ADDING AN EXISTING UNLICENSED TOILET ROOM TO A FACILITY

\_\_\_\_\_ ADDING OR REMOVING A TOILET OR HANDWASHING SINK

\_\_\_\_\_ ADDING A DIAPER CHANGING AREA IN A LICENSED ROOM

\_\_\_\_\_ CONVERTING A LICENSED ROOM TO AN INFANT ROOM -  
(must have two exits if capacity allows for over 5 infants)

\_\_\_\_\_ ADDING AN UNLICENSED SINGLE USE ONLY AREA FOR A PUBLIC SCHOOL PROGRAM, (such as cafeterias, computer, music  
and art rooms, and libraries not included in the capacity)

\_\_\_\_\_ REMOVING AN EXIT DOOR - **PROVIDE APPROVAL FROM THE LOCAL FIRE DEPARTMENT**

\_\_\_\_\_ CHANGING THE USE OF A LICENSED ROOM -  
(i.e.: changing the age of the children using the room, changing from a classroom to a storage room, etc.)

\_\_\_\_\_ EXPANDING OR REMOVING AN OUTDOOR ACTIVITY AREA

\_\_\_\_\_ ADDING TRANSPORTATION (no drawing or map required)

\_\_\_\_\_ ADDING EVENING AND/OR NIGHTTIME CARE (no drawing or map required)

Additional comments or description: \_\_\_\_\_

**PROVIDE THE FOLLOWING FOR ALL MODIFICATIONS:**

1. A MAP OR DRAWING OF THE FACILITY - INCLUDING ALL THE ROOMS - indicate the location of the change with a highlighting marker.
  - a. If the change involves a classroom, indicate on the map or drawing, all exits from the room(s), the measurements of the room(s), and the location of the change within the room if adding a sink or changing area. Indicate the measurements of the changing area if it is new construction.
  - b. If the change involves the addition or deletion of a bathroom, indicate the new total number of toilets/urinals \_\_\_\_\_ and the new total number of hand washing sinks \_\_\_\_\_.
  - c. If the change involves the outdoor activity area, provide a site map including dimensions, square footage, gate locations and fence height.

**AND/OR**

2. Provide a copy of the Local Fire Department's approval for the removal of an exit.

I WILL BE RESPONSIBLE FOR MAKING SURE THAT ALL SINGLE USE AREAS ARE IN COMPLIANCE WITH RULES AND STATUTES.

data input date\_\_\_\_\_

initials\_\_\_\_\_

\_\_\_\_\_

Facility Representative Signature

Date

G:\Facilities\CDC\Center and Public School Modification submittal form (no architect review required).doc (05/04) CCL PKT - 124